Case Number:	CM15-0191134		
Date Assigned:	10/05/2015	Date of Injury:	06/07/2002
Decision Date:	12/15/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/29/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, Oregon
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57-year-old male who sustained an industrial injury 06-07-02. A review of the medical records reveals the injured worker is undergoing treatment for depression, lumbar disc displacement, lumbago, sacroiliac instability, and arthritis. Medical records (08-31-15) reveal the injured worker complains of increasing back pain with some radiation to the hips. The physical exam (08-31-15) reveals sensation is intact by he has some dysesthesias into the buttocks and bilateral hips and legs. His gait is antalgic. Prior treatment includes prior lumbar fusion and knee surgeries, as well as 2 sacroiliac injections, which reportedly provided complete relief of pain immediately followed by several weeks of gradually worsening symptoms. The original utilization review (09-24-15) non-certified the request for right Sacroiliac fusion and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right SI fusion, intraoperative neurophysiological monitoring: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009. Decision based on

Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: CA MTUS/ACOEM is silent on the issue of sacroiliac joint fusion. According to the Official Disability Guidelines, Hip and Pelvis, Sacroiliac joint fusion is not recommend except as a last resort for chronic or severe sacroiliac joint pain. Guideline indications include posttraumatic injury to the sacroiliac joint with chronic pain lasting for years. In this case, no imaging is provided which documents sacroiliac arthrosis or instability. Based on this, the request is not medically necessary.

1 day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Bone Growth stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op aquatic therapy 12 sessions (2 times 6): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative labs (CBC with diff. CMP. PT. PTT. UA): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative clearance exam, EKG, Chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.